

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>sonc</i>		<i>1/26/04</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>1/26/04</i>
FORMALITY REVIEW	<i>smh</i>	<i>854</i>	<i>9-5-03</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/18/01
2	✓	✓	12/19/01
3	✓	✓	7/26/02
4	✓	✓	12/12/02
5	✓	✓	05/16/03
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
51	✓	✓	05/16/03
52	✓	✓	10/19/03
53	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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